

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Mike Sprinkle Assembly

32

Name (print)

Office (if applicable)

District (if applicable)

5121 Ato Ato Ct. Sparks 89436

775-742-5935

Mailing Address (include city and zip code)

Telephone No.

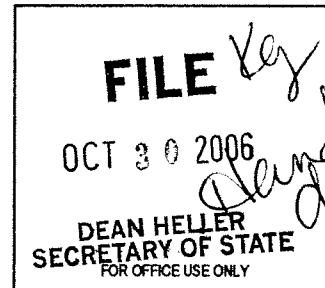
Sprinkle for Assembly@yahoo.com

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- ☐ Annual Filing - Due January 15, 2006  
Period: January 1, 2005 - December 31, 2005
- ☐ Report #1 - Due August 8, 2006\*  
Period: Jan. 1, 2006 - Aug 3, 2006
- ☒ Report #2 Due - October 31, 2006\*  
Period: Aug. 4, 2006 - Oct. 26, 2006
- ☐ Report #3 Due - January 15, 2007\*\*  
Period: Oct. 27, 2006 - Dec. 31, 2006
- ☐ Annual Filing - Due January 15, 2007  
Period: January 1, 2006 - December 31, 2006



- \* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle  
\*\* Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less  
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven  
(See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

12,000	23,000
1,445	1,745
N/A	N/A
N/A	N/A

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

5. Total Amount of Monetary Contributions Received  
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

N/A	N/A
150	1,850

13,445	24,745
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## EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100  
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less  
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid  
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions  
(Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)  
(See page 3 of instruction sheet)

N/A	N/A
N/A	N/A

12,058.21	18,960.55
399.81	1,167.53
12,458.08	20,148.08

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

M. Sprinkle

Signature

10-28-06

Date

## CAMPAIGN CONTRIBUTIONS

Report Period # 2Name (print) Mike Sprinkle Office (if applicable) AssemblyDistrict (if applicable) 32Contributions In Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
JOHN OCEANVIEW 7655 CHAMMONT ST L.V. 89123	8/30/06	1,000			
COOKS, J. OF CARPENTERS 501 N. HAMB BVD L.V. 89110	9/8/06	500			
CITIZENS FOR JUSTICE 406 N. NEVADA ST CARSON CITY 89703	9/12/06	500			
ORMAT 6225 NEIL RD #300 RENO 89511	9/20/06	500			
AFI-CEO 602 E. JOHN ST CARSON CITY 89706	9/20/06	1,000			
OPERATING ENGINEERS 1290 CORPORATE RENO 89502	9/26/06	1,000			
NV. AEW 2713 E. 4TH RENO 89512	9/29/06	500			
SPARKS FF ASSOC. P.O. BOX R SPARKS 89432	9/29/06	200			
IBEW P.O. BOX 7058 RENO 89510	10/12/06	300			
STATIONARY ENGINEERS 390 KIRKMAN RENO 89502	10/12/06	500			
FORWARD TOGETHER 201 N. UNION #300 ALEXANDRIA VA 22304	10/21/06	5,000			
IBEW L-1245 30 ORANGE TREE CIR VALLEJO, CA 94587	10/21/06	1,000			

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**WRITTEN COMMITMENTS**

Report Period # 2

Mike Sprinkle Assembly  
Name (print) Office (if applicable)

32  
District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100  
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

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Mike Sprinkle

Assembly

32

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Southwest Airlines L.V. NV.	C	8/22/06	250.60
Union Graphics P.O. Box 3169 Sparks NV 89432	<del>B</del> A	8/23/06	161.22
U.S.P.O. Sparks NV	<del>B</del> D	8/30/06	384.00
Union Graphics P.O. Box 3169 Sparks NV 89432	A	9/8/06	522.06
U.S.P.O. Sparks NV	D	9/8/06	585.00
Time Printing 1224 Western Av L.V. 89102	D	9/26/06	749.40
Bridal Communications 50 Progression Cir. Unit 7A Newington CT 06111	D	10/17/06	8,195.36
U.S.P.O. Sparks NV	D	10/17/06	\$72.40
Union Graphics P.O. Box 3169 Sparks NV 89432	D	10/17/06	338.23

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## Report Period # 2

## IN KIND

[illegible]

PAGE 5 OF 7

## Report Period # 2

32  
District (if applicable)

[illegible]

PAGE 6 OF 7

**IN KIND CAMPAIGN  
EXPENSES**

Report Period # 2

Mike Sprinkle  
Name (print)

Assembly  
Office (if applicable)

32  
District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

**Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State  
NRS 294A.120, 294A.125,  
294A.140, 294A.150, 294A.160  
294A.200, 294A.210, 294A.220, 294A.382